

# **PROFESSIONAL REHABILITATION SERVICES**

## **Rehabilitation Counseling and Consulting**

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## **VOCATIONAL EVALUATION REPORT**

Name:	Joshua Below	Date of Birth:	7/18/1977
Sex:	Male	Date of Assessment:	12/08/2015
Age:	38	Date of Report:	2/15/2016

### **ASSESSMENT MEASURES:**

Wide Range Achievement Test-4 (WRAT4)

Peabody Individual Achievement Test-Revised (PIAT-R)

Clinical Interview

### **DOCUMENTS REVIEWED:**

1. Various medical records and clinical notes, Gundersen Lutheran Medical Center, La Crosse, Wisconsin.
2. Various medical records and clinical notes, Select Specialty Hospital, Madison, Wisconsin.
3. Discharge summary by Dr. Joseph McMahon, Select Specialty Hospital, Madison, Wisconsin, dated 10/24/13.
4. Various medical records and clinical notes, Sacred Heart Rehabilitation Institute, Milwaukee, Wisconsin.
5. Discharge summary by Dr. Elizabeth Davis, Sacred Heart Rehabilitation Institute, Milwaukee, Wisconsin, dated 11/13/13.
6. Various medical records and clinical notes, Dean Clinic, Oregon, Wisconsin.
7. Various medical records and clinical notes, Dean Clinic, Madison, Wisconsin.
8. Neuropsychological evaluation report by Dr. Jerry Halsten, Ph.D.
9. Driving evaluation report dated 5/05/14.
10. Tax returns of Joshua Below from 2007 through 2013.

**REASON FOR REFERRAL:**

Mr. Below was referred by Attorney Daniel Rottier of the Habush, Habush, and Rottier Law Offices located in Madison, Wisconsin. The purpose of the referral was to evaluate Mr. Below's vocational impairment and loss of earning capacity, if any, stemming from injuries sustained in motor vehicle accident that occurred on September 14, 2013. Mr. Below was seen and subsequently evaluated by this examiner on 12/08/15. He arrived promptly for his scheduled appointment. He was accompanied by his significant other, Ms. Molly Shoup. Ms. Shoup sat in on the interview portion of the evaluation. Mr. Below was pleasant and cooperative.

**BACKGROUND AND HISTORY:**

Mr. Below is a 38-year-old man who lives in Oregon, Wisconsin. He has various physical, emotional, and cognitive symptoms stemming from multiple injuries and trauma sustained in a motor vehicle accident that occurred on September 14, 2013. Mr. Below was involved in a roll-over motor vehicle accident on that date. Records reviewed indicate that emergency medical technicians (EMTs) found Mr. Below unresponsive at the scene of the accident. He was initially transported to Tomah Hospital. His Glasgow Coma Score was 3. He was taken by helicopter to Gundersen Lutheran Hospital in La Crosse, Wisconsin. He remained there for approximately three weeks. He underwent extensive evaluation and treatment including surgery. He was in a chemically induced coma for approximately two weeks.

Mr. Below was discharged from Gundersen Lutheran Medical Center on 10/03/13. His active diagnoses at that time included: a traumatic brain injury and related problems, rib fractures, a right hemothorax, multiple lacerations, a left humerus fracture, and a right scapular fracture. During his hospitalization at Gundersen Lutheran, Mr. Below was in an induced coma and was gradually taken out of it during the last week that he was there. He had various consultations including orthopedic surgery, physical therapy, occupational therapy, respiratory therapy, speech therapy, social services, and nutrition.

After his discharge from Gundersen Lutheran, Mr. Below was transferred and admitted to Select Specialty Hospital in Madison, Wisconsin. He remained there until his discharge to another facility on 10/24/13. While at Select Specialty Hospital, Mr. Below was treated and follow for problems including respiratory, infection disease,

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cardiovascular, gastrointestinal/nutrition, renal care, psychiatric, and generally, limited ability to independently complete activities of daily living (ADLs). Mr. Below was provided therapeutic services including speech therapy, occupational therapy, and physical therapy. Therapy sessions were increased from three to five times per week over the course of his stay. At the time of his discharge, he had limited ability to ambulate. He required assistance and mobility equipment. He was noted to continue to have emotional symptoms and significant cognitive deficits. At the time of his discharge, he was noted to have diagnoses that included: traumatic brain injury with traumatic intraparenchymal/subarachnoid hemorrhage, temporal skull fractures/scalp lacerations, multiple rib fractures with right hemithorax, closed right scapula fracture, left shoulder pain, agitation improved with Zyprexa, debilitation, cardiac difficulties, urinary retention, and a left humeral fracture (non-weight bearing).

Mr. Below was transferred to Sacred Heart Rehabilitation Institute in Milwaukee, Wisconsin on 10/24/13. He received medical and rehabilitation services there until 11/13/13. He was discharged by Dr. Elizabeth Davis on that date. At discharge, he continued to have pain, other symptoms, and some functional difficulties.

Mr. Below required outpatient services after his discharge from Sacred Heart Rehabilitation. He continued to have various physical, cognitive, and emotional symptoms. His medical records document persisting pain, decreased functional tolerances, fatigue, memory deficits, and word finding difficulties.

Mr. Below was seen by Dr. Michele Ries for a neuropsychological consult on 3/04/14. She reviewed his therapeutic treatment up to that point. The following day, she performed testing. She noted some impairment of expressive language. Mr. Below also demonstrated significant difficulty with memory. Dr. Ries recommended continued speech therapy and occupational therapy.

Mr. Below did participate in ongoing therapeutic modalities after seeing Dr. Ries. He received language therapy services with Ms. Jane Schumaker from January of 2014 through October 7, 2014. Ms. Schumaker authored a discharge summary on 10/07/14. During treatment, Mr. Below demonstrated improved word retrieval, speech fluency, and higher level cognitive/linguistic functions. He continued to have difficulty finding words.

While Mr. Below improved with physical therapy, at discharge, he had continued complaints of pain. He was able to demonstrate some ability to perform tasks found within light/medium level exertional environments.

With his various pain related symptoms, Mr. Below was seen and treated by Dr. Cynthia Bender, a Physical Medicine and Rehabilitation Specialist. Dr. Bender provided trigger point injections. Mr. Below received those injections during the time he was receiving other therapeutic treatment and afterwards.

Mr. Below was referred by his physician, Dr. Teresa Mangin for a follow-up neuropsychological evaluation. Mr. Below was seen and evaluated by Dr. Jerry Halsten on 4/07/15, 4/16/15 (testing), and was seen for feedback and discussion of overall evaluation findings on 4/21/15. Dr. Halsten's 4/21/15 note provides information regarding the findings and psychosocial implications of Mr. Below's traumatic brain injury. Dr. Halsten's report indicates that Mr. Below, at the time of that evaluation, was approximately one and a half years' status post his traumatic brain injury. He reported problems with speech and language. As is documented in therapeutic notes, he regained some of his prior function but did not experience a complete return of memory and language skills. Dr. Halsten also noted significant problems with self-awareness and self-assessment. He gave examples including Mr. Below's perception of his ability to perform instrumental activities of daily living (IADLs). He reported full independence while his significant other indicated that he was "mostly independent." Dr. Halsten indicated that the overall findings suggested primary linguistic disorder involving the dominant hemisphere. Dr. Halsten indicated that Mr. Below remains in need of assistance and support in the home environment and in the community. He indicates that Mr. Below's prognosis for improving his overall level of psychosocial functioning is guarded. He noted that Mr. Below had a severe traumatic brain injury. He is likely to continue to have some degree of speech and language dysfunction for the remainder of his life. He also noted that Mr. Below's limitations in self-awareness are likely to make it difficult for him to recognize the need for using compensatory strategies in some situations. Dr. Halsten opined that Mr. Below is an appropriate candidate for vocational assessment and services. He noted that Mr. Below is likely to struggle in situations that require higher level speech and language abilities. He also indicated that Mr. Below should consider individual psychotherapy.

Mr. Below patriated in a safe-driver evaluation in May of 2014. He presented deficits and problems that would interfere with driving including decreased active range of

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motion with the right hand. The evaluator indicated that Mr. Below would be seen by Adaptive Experts for a behind-the-wheel assessment and recommendations.

Mr. Below's medical records also document continued treatment for a contraction in his right hand. He had Botox injection therapy. When he was seen by Dr. Mangin in June of 2015, she recommended a repeat attempt at Botox injections.

Mr. Below reports that he continues to experience primarily cognitive and physical symptoms. He continues to have pain in the left leg and in both shoulders/arms. He experiences occasional stiffness in his lower back.

Mr. Below continues to experience significant problems with headaches. He has a constant buzzing or ringing in his ears. He is hypersensitive to loud sounds. He indicates that he is constantly distracted by his hearing hypersensitivity. He reports that he has headaches on a frequency of one to two per week. At least one time per week, his headache pain is severe enough to cause him to cease activity.

Mr. Below continues to report significant problems with walking. He has difficulty with his balance. The more fatigued he is; the more difficulty he has. He has difficulty walking in environments that are uneven or require fast pace. He reports difficulty climbing in some situations.

Mr. Below reports that he has noticed significant changes in his sleep pattern. His sleep has changed significantly since his motor vehicle accident. He has difficulty staying asleep. His sleep is significantly disrupted several times per week. After having a poor night of sleep, he experiences fatigue and energy deficit. Mr. Below indicates that his various traumatic brain injury residuals have a greater impact on his function when he is fatigued.

From a physical perspective, Mr. Below indicates that he is less able to perform material handling and generally, has to perform all tasks slower and with much more caution. He has significant difficulty performing activities out of awkward or sustained postures.

Mr. Below reports that he continues to have significant difficulty with speech and cognitive function. He reports that he is easily distracted and confused. He has difficulty with recall. He has to rely on reminders or prompts to perform daily activities. He indicates that he has to "write down everything."

Mr. Below reports that he has difficulty maintaining conversation. During conversation, he frequently loses track of his thoughts. This happened during this evaluation. He was also noted to appear to slur toward the end of the evaluation.

Mr. Below's difficulty with speech makes him less likely to engage in conversation. He is much less confident in his ability to recall information that he hears. He indicates that he avoids conversation whenever he can. He is much less likely to engage in communication in all environments including social.

Mr. Below is divorced. He lives with his significant other, Ms. Molly Shoup, in Oregon, Wisconsin. Mr. Below plans to remain in the Oregon, Wisconsin area indefinitely. Mr. Below has three children with one on the way. He has a 15-year-old daughter from a previous relationship. He and Ms. Shoup have two children and are expecting their third.

Mr. Below has a valid Wisconsin driver's license. He reports difficulty with driving especially in the dark. He indicates that he has significant difficulty seeing at night.

Mr. Below indicates that he had an injury to his right arm when he was approximately 19-years-old. He received medical care and treatment. He was able to return to a strength level sufficient to develop skills and work as a plumber. He was working as a plumber, without need for physical accommodation or job modification around the time of the motor vehicle accident in September of 2013.

Since his motor vehicle accident in September of 2013, Mr. Below has been approved for Social Security Disability Insurance (SSDI) benefits. With approval for SSDI benefits, Mr. Below has been adjudicated as unable to perform substantial, gainful work activity on a consistent and reliable basis.

Educationally, Mr. Below graduated from Oregon High School in 1995. He reports that he did not like high school. He denies any history of a learning disability. He reports that he learned best in environments where he could develop skills with a combination of demonstration and practice.

Mr. Below completed a plumbing apprenticeship through Madison Area Technical College (MATC). He completed the apprenticeship in or around 2000. He indicates

that he continued training and skill development. At the age of 25 to 26 years, he became a master plumber.

Mr. Below has a work history consisting of employment as a plumber. He has worked for various plumbing and construction companies including his father's business. Most recently, he has owned and operated his own company, Madison Plumbing. In all of his past experiences, Mr. Below reports that he performed the full range of plumbing related tasks. As is customary in that field, he performed a wide variety of physically arduous tasks. To perform the essential functions of his prior employment, Mr. Below had to tolerate and complete medium to heavy level exertion.

Mr. Below indicates that from 2000 to 2003, he worked on and off with several plumbing companies in the Madison area including Mt. Horeb Plumbing, Monona Plumbing, and his father's business, Below Plumbing. He performed a mix of new construction and remodeling work.

In 2003, Mr. Below established his own business, Madison Plumbing, LLC, based out of Oregon, Wisconsin. He worked as a plumber in various environments including new construction. He worked on small and large jobs. He performed the full range of tasks associated with owning and operating a plumbing business. He had to handle heavy materials, use hand tools, use power tools, crawl, reach, twist, bend, and perform heavy level material handling. Prior to September of 2013, Mr. Below had no difficulty performing those tasks.

Mr. Below reports that he derived varying amounts of income from his business. He would typically bid his labor at \$95 per hour. His business progressively increased overtime but was subject to economic fluctuations.

Mr. Below reports that he had varying income from his business. He indicates that the amount he took in income varied from year to year based on gross receipts, expenses, the bills associated with his business, and the amount of money that he put back into the business. Tax returns reviewed indicate gross receipts between \$155,000 and \$156,000 in 2011 and 2012. In 2011, he had gross income of \$92,479 and in 2012, gross income was \$72,091. His net profit from the business in 2011 was over \$41,000.

Mr. Below is unsure of his future vocational options. He has difficulty completing activities of daily living (ADLs) and instrumental activities of daily living (IADLs) at

this time. He reports functional deficits that would interfere with the physical and nonphysical components of his prior work as a plumber.

**TEST RESULTS:**

**WIDE RANGE ACHIEVEMENT TEST4 (WRAT4)**

SUBTEST	RAW SCORE	GRADE EQUIVALENT	PERCENTILE RANK	PERFORMANCE LEVEL
Word Reading	47	5.7	7 <sup>th</sup>	Low
Sentence Comprehension	35	7.4	6 <sup>th</sup>	Low
Math Computation	41	8.7	30 <sup>th</sup>	Average
Reading Composite	155	--	5 <sup>th</sup>	Low

Mr. Below was administered the Wide Range Achievement Test4 (WRAT4). Mr. Below demonstrate limited academic skills. He had significant difficulty on this instrument. His skills were generally in the low/below average range. He was able to demonstrate average level math computation skills when compared to his age mates. His reading recognition and reading comprehension skills were lower than his reported level of educational attainment. He has word recognition skills comparable to the subject matter encountered between the 5<sup>th</sup> and 6<sup>th</sup> grade levels. His comprehension skills are slightly higher, consistent with the 7.4 grade level. His overall reading composite score ranks at the 5<sup>th</sup> percentile compared to his age mates. Mr. Below's demonstrated performance on the WRAT4 suggests difficulty for tasks or activities that require reading and interpretation of complex material.

**PEABODY INDIVIDUAL ACHIEVEMENT TEST-REVISED (PIAT-R)**

<u>Subtest</u>	<u>Grade Equivalent</u>	<u>Percentile Rank</u>
Reading Comprehension	11.6	50 <sup>th</sup>

Mr. Below was administered the reading comprehension subtest of the Peabody Individual Achievement Test- Revised (PIAT-R). Mr. Below demonstrates reading comprehension skills comparable to subject matter encountered at the 11.6 grade level. When compared to graduating high school seniors in the standardization group on the above subtests (i.e. the type of individuals with whom Mr. Below would be in competition for most types of entry level employment or various post-secondary



training programs), his reading comprehension skills rank at the 50<sup>th</sup> percentile. Mr. Below was able to demonstrate average level reading comprehension on the PIAT-R. This instrument includes a graphic representation of written material. Mr. Below's function on this instrument is closer to his reported level of educational attainment.

### **FINDINGS AND DISCUSSION:**

Mr. Below is a 38-year-old man from Oregon, Wisconsin. He has a wide array of residual symptoms and functional deficits associated with multiple injuries and trauma sustained on September 14, 2013. He was involved in a motor vehicle accident on that date. He sustained a head injury. Mr. Below has residual symptoms that include cognitive deficits, emotional regulation, mood control, and physical pain.

Mr. Below has had extensive medical and psychological evaluation and treatment since his motor vehicle accident injuries. While some improvements have certainly been made, he is left with limited ability to perform his customary daily activities. Importantly, he is limited in his ability to work as a plumber. He was self-employment in that type of business prior to the motor vehicle accident.

Mr. Below is trained and experienced to work as a plumber. He has attained the master plumber designation. He has over 15 years of experience working in the plumbing field. He has approximately 10 years of experience owning and operating a plumbing company. Given his status as a master plumber, his reported training, and his years of experience, he certainly would have average to above average qualifications in his field.

Historically, Mr. Below worked and earned as a self-employed plumber. He had no history of medical conditions or pre-injury functional deficits that interfered with his ability to perform the requirements of work in that field.

Mr. Below's tax returns were reviewed. Identifying the earnings and then, assessing earning capacity solely based on tax records associated with a small business or self-employment can be difficult. Tax forms document receipts and expenses for purposes of identifying taxes that need to be paid. Assuming an individual has the capacity and desire to work full time, the skills and value they bring to their own business would at least be consistent with the amount of income they could earn while employed by another company. Profitability of self-employment may add to that.

In 2014, according to the Wisconsin Department of Workforce Development (DWD), plumbers in the Madison labor market earned median wages of \$79,341 per year. On an hourly basis, they earned over \$38 per hour. On average, they earned less. Average pay to plumbers, pipefitters, and steamfitters in the Madison labor market was \$74,299 in 2014. Mr. Below's pre-injury earning capacity was at least at or within a range of \$70,000 to \$75,000 per year.

Mr. Below sustained significant injuries in the September 14, 2013 motor vehicle accident. He has persisting symptoms that interfere with physical activity, cognitive function, and mood control.

Mr. Below has symptoms and functional deficits from combined casual sources. The injuries that he sustained in the September 2013 motor vehicle accident have resulted in cognitive deficits as documented by Dr. Ries, Dr. Halsten, and others. Dr. Halsten concluded that Mr. Below sustained a severe traumatic brain injury on 9/14/13. He has functional limitations as well as limited insight and self-awareness. It is difficult for him to recognize his functional deficits. This will complicate his ability to use compensatory strategies in some settings. It will make it difficult for Mr. Below to successfully improve when receiving feedback during training or work. He has significant functional deficits. He will have difficulty functioning in environments that require him to communicate, perform verbal problem solving, and express ideas or thoughts. He has functional difficulties that include decreased range of motion with use of the right hand. He continues to have a contraction in the right hand. As a consequence, Mr. Below will have difficulty with repetitive and precise hand movements. When last involved in physical therapy, he had difficulty performing tasks beyond the light/medium level. That level of physical exertion is significantly lower than the exertional demands of his employment as a plumber (heavy).

While some psychological testing document improvement in function, Mr. Below reports that he has persisting difficulty with memory and other cognitive functions. He is especially limited in his ability to process and recall information in certain environments. Environments with distractions, loud noises, or in multitasking environments are especially difficult for him to function in. He also reports decreased ability to quickly process and use new information during conversation. That difficulty is consistent with findings of Dr. Halsten. Functionally, that translates to difficulty working in any environment that requires regular verbal communication. His ability to quickly respond during conversation or when answering questions is significantly limited. While he has limited insight in some areas, he is self-conscious regarding his

limited ability to effectively converse. He tends to isolate himself. He avoids social contact as much as possible. Again, especially in an environment where he would be working with customers, conversing with them to identify needs to solve problems and in other business management environments, Mr. Below will be limited.

Mr. Below has been unable to effectively maintain and sustain his business since his motor vehicle accident. He has been approved for disability benefits. Dr. Halsten describes difficulty with independent ADLs. Information that is currently available suggests that he has marginal ability to perform and sustain competitive employment. Based on his current function, he has no consistent ability to derive income post-injury.

If at some point, Mr. Below were able to improve to a point that he could consistently and reliably perform routine types of work in light/medium level environments, he may have some residual earning options. He would not be able to return to his prior work as a plumber. He would not have the physical tolerances for that type of work. The type of work that he performed as a plumber and plumbing business manager was complex. Physical and non-physical deficits associated with his September 14, 2013 injuries would interfere with his ability to return to that type of work. In routine and light work environments, Mr. Below's transferable skills would be marginal. He is unlikely to do well in environments that require him to use repetitive and precise movements with the right hand. His best options are likely to be in routine, non-complex, and slow paced or modified packaging, stock clerk, or other similar positions. Again, he will be limited in his ability to access many positions in those groups because of his physical and non-physical functional limitations.

According to the Wisconsin Department of Workforce Development (DWD), individuals working as hand packers earned median wages of \$15.22 per hour in the Madison labor market in 2014. At the 25<sup>th</sup> percentile, they earned \$10.54 per hour in 2014. Cleaners of vehicles earned median wages of \$11.59 and \$9.35 per hour at the 25<sup>th</sup> percentile. Stock clerks earned median wages of \$11.07 and \$8.89 per hour at the 25<sup>th</sup> percentile. Other similar unskilled or modified/accommodated types of work could be considered. In all likelihood, he would require vocational rehabilitation assistance and specialized job development services to secure an appropriate position. Based on labor market information reviewed, in a scenario where he is able to secure and consistently and reliably sustain routine unskilled but light level employment, his residual earning capacity will be approximately \$20,000 to \$25,000 per year.

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In the best case scenario, Mr. Below will have a loss of earning capacity of approximately \$50,000 per year, absent consideration of fringe benefit losses. Significant improvement in function would be necessary to get to that point.

Based on his current presentation and limited function as described in the reports and evaluations available for review, Mr. Below has a total loss of earning capacity. His loss is in a range of \$70,000 to \$75,000 per year, absent consideration of fringe benefits.

The above opinions have been stated to a reasonable degree of vocational certainty with information that is currently available. If additional information becomes available in the future, I reserve the right to review it and amend or supplement the above as is necessary.

Thank you once again for referring this matter to my attention. Please feel free to contact me if you have any questions or if you require additional information.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "K. L. Schutz M.S.", written in a cursive style.

Kevin L. Schutz, M.S., L.P.C.

Vocational Rehabilitation Counselor  
(Wisconsin License #2600)

KLS/smc